

Report
for the year ending March 31
1980

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National
Society
to Prevent
Blindness

Report of the President

Two plus two equals five. This is the arithmetic of synergism; the value of the whole is greater than the sum of its parts. The Society plans and coordinates its activities with the bonus of synergy—heightened effectiveness, well in mind. The bonus may be in terms of forging a stronger NSPB identity, helping us attract financial support, generating enthusiasm in our volunteers and supporters.

The essential point is that all of our activities make a strong contribution, in order to give us the "something more" that distinguishes a vital and forward-moving organization.

I believe our synergy is won by reinforcing our priority commitments, consolidating and capitalizing on our achievements, and extending ourselves each year to take on new challenges in preventing blindness. This special arithmetic works for us too because we carefully evaluate our obligations. We reach out continuously with the ABC's of eye care and eye safety, because there are always new and wider audiences to reach. Yet simultaneously we must direct intensive efforts to areas where we have taken on full scale responsibility—for initiating, implementing and expanding Prevent Blindness programs to help more people.

Our current major programs are concerned with glaucoma, vision problems in young children, and eye safety in schools.

1. The Society's long-standing effort to combat vision loss due to glaucoma has burgeoned into a full scale cam-

paign, the Glaucoma Alert Program (GAP). We have won prominent allies among national organizations, and developed a comprehensive GAP package to provide the guidelines and materials needed for implementing GAP on the community level. To meet our objective of building a nationwide network of glaucoma education and detection projects, we are stimulating glaucoma testing in health care centers such as hospitals and corporate medical departments, and complementing this by enlisting lay volunteers to introduce GAP into more towns and communities.

On the professional level, we are sponsoring seminars and conferences to inform physicians and other health professionals about today's capabilities for testing, diagnosis and treatment of glaucoma. There is still much to learn about glaucoma on the research level, and NSPB provides grant support for investigations into this disease—the nation's leading cause of blindness.

This multi-faceted approach is in operation with our two other major concerns: vision impairment in young children, and vision loss due to preventable eye injuries, especially those occurring in the schools. Both programs build on a past record of reliability and achievement; both are reaching increasing numbers through NSPB's new self-help kits; and both are attracting sponsors to introduce the programs on the community level, thanks in large part to enthusiastic support by the news media.

2. Our initial program on eye care for children centered on organized screenings for vision problems, conducted by trained screeners. We continue to enlarge this program, but we have added the tremendously successful Home Eye Test which allows parents to check their youngsters' vision. We promote media and community support for both "location" and home vision testing, and continue to fortify this program with educational efforts among health professionals and educators on the importance of detecting vision problems in young children.

3. The spadework for our authoritative role regarding eye safety standards and practices began in industry almost 50 years ago. Our successes in industry encouraged us to undertake eye-protection programs for various other audiences, especially in the schools.

The Society is the moving force behind eye safety programs in the school systems. Most states now have school eye safety laws (modeled on NSPB's prototype) that mandate protective eyewear in hazardous classroom settings such as lab and shop classes. Implementation was another matter, and followed too often haphazardly or not at all. Field research proved that teachers needed guidelines and students needed a convincing message.

An educational package was developed, including a film, instructor's guide and quizzes for the students. This package has been adopted by many school districts, and in some states is funded and distributed by the

state department of education. This year the Society offered its newest age-directed eye safety package for students, completing coverage of the school years from kindergarten through high school. Several of NSPB's state affiliates have produced manuals to guide high school systems in eye protection.

This school eye safety program is another highly cooperative program, and the Society relies on allies and supporters among industrialists, physicians, educators, legislators and safety experts to see it continue and grow.

In concluding this report, it is my pleasure to report the selection of Bradford A. Warner, until recently chairman of the Board of Directors, as the recipient of NSPB's Bigelow Award, the Society's highest honor to a person outside the field of medical science. This award has been given only six times since its establishment in 1964. Brad Warner has provided leadership to the policies and the very life of the Society for 17 years, and he continues as a member of the Executive Committee.

David O'D. Kennedy, president of Kentile Floors, Inc., New York, was elected as NSPB's new Board Chairman. Mr. Kennedy has been vice president of the Society, and served for many years as Board treasurer, as well as on the Executive Committee, on which he continues to serve.



For our successes during the year, I extend my gratitude and appreciation to all our board members, our medical and professional advisors, our volunteers and our contributors.

Thomas R. Moore
President

Report of the Executive Director

4

"Provide something of lasting benefit to children's lives," was the directive from the United Nations for participants in the International Year of the Child. NSPB had a head start, because we've been doing just that since 1908 with our founding cause—the mandatory instillation of eyedrops in newborns to prevent the blinding eye disease known as ophthalmia neonatorum.

The highlight of our observance of IYC was a national Lazy Eye Alert Day. Society affiliates and other sponsors geared up for this special target day—September 15, and conducted open vision screenings for youngsters in towns and communities across the country. This will hereafter be an annual event, and is an addition to the regular screening schedules.

Proper care of young eyes—The Lazy Eye Alert and the heightened impact of IYC spotlighted nationally the need for vision evaluation early in a child's life. The Society made the most of this opportunity, via heavy media coverage as well as the ability to reach large numbers of children and parents directly, to draw attention to lazy eye (amblyopia) and its threat of permanent vision reduction.

And there were thousands of immediate beneficiaries—the preschoolers who failed this first vision test, in

time for effective treatment. In most cases, lazy eye must be caught before age six for treatment to be of benefit.

Complementing the organized community screenings was stepped-up promotion and distribution of the Society's Home Eye Test for Preschoolers, the do-it-yourself kit that allows parents to vision-screen youngsters at home. This effort was augmented by the release of a guidebook to recruit sponsors for Test distribution projects, and by securing funding needed to produce enough kits to meet the demand generated. Special thanks to the Louis Calder Foundation, the Delta Gamma Foundation, the Arkville Erpf Fund and the Lakeview Fund for their support.

Affiliates enlisted funding to produce Tests adequate to supply their states, and formed active partnerships with local merchants, businesses and groups to see that the kits were there for the taking—at work, at the bank or drugstore. The Home Eye Test went home, to some million households last year.

September, National Sight Saving Month, was dedicated to IYC, and our press kits and radio and TV public service spots focused on vision problems in children. A wonderfully appealing and dynamic TV spot, widely aired nationally during the year, presented balladeer Tom Glazer, singing a song

he wrote for the Society, "Precious Sight," and giving viewers a few words of prompting—about eye care for youngsters.

Millions of parents were reached through the outstanding cooperation of the news media, locally and nationally. Tens of thousands of requests for the Home Eye Test or more information on children's eye care came through Lazy Eye Alert coverage by ABC-TV's "Good Morning America," syndicated radio shows, and in large-circulation publications such as *Good Housekeeping* and *Parade*.

And there was a star-studded lighter moment to emphasize, in a most charming way, that children would be stage-center in Society priorities for the year. The young cast members of the Broadway hit "Annie" entertained with excerpts from the show during the June annual meeting of our Board of Directors in New York City. Many NSPB affiliates also "starred" youngsters for major events and promotional activities during the year. Often these were children under treatment for vision problems, whose conditions were discovered at Society vision screenings.

Our school eye safety program also benefited from the IYC tie-in and heavy NSPB promotion. Corporations, service organizations, foundations, professional safety associations and state government educators were among those financing our multi-media teach-

ing kits for students. Often these supporters were instrumental in seeing the kits established in the curriculum—in a school, in a school district, or in a few cases, throughout entire state school systems.

With our newest kit for fifth and sixth graders produced this year, NSPB now offers a complete series of age-appropriate teaching kits on eye health and safety, spanning the years from kindergarten through high school.

As chairman of the U.S. Committee of the International Agency for the Prevention of Blindness, I continue to be called upon to introduce NSPB know-how to foreign governments or agencies seeking to establish workable sight-conservation programs. Last summer I organized the session on vision problems for an international workshop on medical problems of infancy, held in Tel Aviv, Israel.

It is gratifying to see our Prevent Blindness efforts ascend a truly national scale of effectiveness and to share the knowledge gained with other nations.

While our program grows, so does our organization. Most recently we welcomed a new state affiliate to the NSPB family—South Carolina—a new arm to carry forward our work.

I would like to pay tribute to our dedicated staff—at the national office



and the affiliate organizations. Their work has greatly strengthened the prevention of blindness movement.

I would also like to express gratitude, on behalf of the Society, to our president, Thomas R. Moore, Esq., for giving so generously of his time and talent.

Virginia S. Boyce
Executive Director

Public Education

6

Of the 47,000 Americans who go blind each year, half could be spared. Pain in the eye or injury to the eye are obvious indications that medical treatment is required. But too often deteriorating or impaired vision is not obvious to those affected; they are ignorant of sight-robbing conditions that don't send out clear warnings, or they are unaware of the importance of prompt treatment if vision is to be saved.

to special audiences, consultant and advisory services...

All are intended to make people aware of what they must do to protect their vision, to prevent loss of sight. The Society's screening services, covered later in this Report, are also an important part of the educational effort.

Glaucoma, eye safety, and vision problems in children were highlighted

people know enough about glaucoma. It is a treatable disease and needn't result in lost sight. There are one million persons in the country who have the disease but don't yet know it.

Major GAP educational efforts this year:

□ Helen Hayes introduced Americans to the threat of glaucoma in the award-winning NSPB film "Seeing." This new 26-minute, sound-color film, funded by Merck, Sharp & Dohme, logged 121 television airings during the past year, reaching an estimated audience of 3,730,000. Available with a discussion guide and audience takeaways, the film is also being used by NSPB for group showings nationwide.

□ Drugstores across the country took an active role as local sources of glaucoma information through a special Pharmacy Glaucoma Alert Program. Mounted as a joint campaign with the

Glaucoma can rob you blind.
This treatable disease is the nation's
leading cause of blindness.
A million Americans who have it
...don't yet know it!

The Society's job is to reach people in time—before irreversible vision loss occurs, before blindness strikes.

Millions of the Society's informational booklets covering a wide range of topics are distributed each year. Hundreds of thousands of people see the Society's authoritative films. National Sight-Saving Month in September, celebrity spokespersons, spot announcements on radio and TV, posters, exhibits and print-media ads are used to call attention to the major threats to vision. Special Prevent Blindness events, in-depth radio and TV interview shows, articles and features in the press, live programs directed

in the Society's promotional and public education efforts during the year.

GLAUCOMA ALERT PROGRAM

The momentum generated by the Society's Glaucoma Alert Program (GAP) gained a propelling thrust this year through significant commercial, organizational and media backing. The aim of this campaign is to establish glaucoma education and detection projects in communities across the country.

The reason: A leading cause of blindness for many years, glaucoma recently moved into first place—now responsible for some 5,400 individuals becoming blind each year. Too few





American Pharmaceutical Association, the program makes available promotional and educational materials to pharmacists, under funding from Lederle Laboratories. Customer pamphlets, posters and counter cards put messages and information to warn people of the threat of the disease as close as the corner drugstore.

□ A hefty information kit, funded by Merck, Sharp & Dohme, armed GAP sponsors with articles, features and radio spots, to provide local media outlets with a year's supply of glaucoma-awareness messages.

□ Some 20,000 requests for glaucoma literature came into NSPB following two airings of a syndicated TV show for senior citizens, "Over Easy," where host Hugh Downs had a tonometry test. Glaucoma awareness was also featured on the NBC-TV series

"The Prime of Your Life," followed by thousands of requests to NSPB for more information.

□ Radio spots featuring Hollywood's Rita Moreno and Connie Stevens, and opera star Robert Merrill, were aired repeatedly to warn the public of the threat of glaucoma.

How NSPB affiliates promoted the GAP campaign is ably demonstrated by the example of the Iowa affiliate, whose efforts focused on a special week:

1) The governor signed a proclamation, declaring Glaucoma Awareness Week. 2) Proclamation signing appeared on state TV news report, along with a demonstration of glaucoma testing. 3) Weekly Des Moines radio news show featured an interview with a glaucoma patient and an ophthalmologist. 4) In-depth feature on

glaucoma appeared in the Sunday edition of the *Des Moines Register*, circulation over 400,000. 5) Specially prepared radio and TV spots aired by stations across the state; news releases appeared in daily and weekly newspapers statewide; public service ads on glaucoma sent to employee and shopper publications statewide.

As more information about glaucoma is spread, more adults at risk for glaucoma can be reached. And as community glaucoma detection projects turn in impressive results in terms of case finding, more health professionals and sponsors are convinced that GAP can work, and want to work for it. This is the synergistic effect that is underway and that will make glaucoma control a reality.

THE YEAR OF THE CHILD

Prevention of blindness in newborns, preservation of vision in children — the



Public Education

continued

8

core on which the Society centered its early years, are a priority concern today. Additional projects and promotions were taken on by the Society as it joined the United Nations' International Year of the Child (IYC).

The objectives were several. To alert parents to the value of early eye care. To step up the numbers of children screened. To educate the public to children's needs in eye care and safety. To reach into schools with eye health and safety information that can form the basis of good habits for a lifetime.

Sample IYC projects

□ September 15 was NSPB's official Lazy Eye Alert Day, when affiliates and other sponsors held vision screenings open to all preschoolers in cities and towns across the country. This concentrated effort provided an excellent opportunity for a vigorous educational program on the need for early attention to children's vision.

□ A stepped-up distribution campaign for the Home Eye Test for Preschoolers complemented the Lazy Eye Alert, and resulted in gratifying media and sponsorship support — and takers. The free kit reaches parents with the fact that children might have eye problems that need immediate treatment, such as amblyopia or lazy eye, even when there are no obvious symptoms.

□ Tens of thousands of Home Eye Tests traveled with the special "Year of the Child" exhibit of the National Institutes of Health, booked across the country at national meetings, state fairs and other events.

Neglect can give
blindness a chance
to happen —
and regrets never
restore vision.

□ NSPB brought the Home Eye Test to the annual meeting of the National PTA.

□ Special issues of the Society's *Prevent Blindness News* and *Sight-Saving Review* featured children's vision problems. The *News* reaches some 35,000 supporters of Prevent Blindness in the nation, and the *Review* is a subscription journal for professionals.

□ Corporations brought Society eye safety programs to students by underwriting one or another of the Society's age-oriented school curriculum programs for their schools.

□ Prior to the holidays, the Society undertook a major seasonal campaign for toy safety to persuade Christmas gift givers to select toys with eye safety in mind.

EYE SAFETY IN SPORTS

Racquet sports enthusiasts are the target of the Society's newest eye protection campaign. A national sur-

vey of hospital emergency rooms reveals that these sports — tennis, squash and racquetball — are a leading cause of sports-related eye injuries among adults. The survey reported some 4,000 eye injuries incurred during racquet sports last year.

NSPB issued a news release on the hazard, describing proper protective eyewear for racquet sports and where to get it. Radio spots by Reggie Jackson and Bobby Grich for NSPB stressed safety eyewear for sports participants of all levels of expertise.

IN PRINT

Other new information materials released by the Society during the year are: A new edition of the fact book "Vision Problems in the U.S.," the only reference work of its kind, which was produced by Society Operational Research for eye care providers, writers, researchers, educators and students. The fact book gives causes, prevalence and incidence by age group of vision impairment and blindness in the country today, with a 12-topic series of fact sheets on causes of blindness in readable question and answer format. Two new brochures were published, one on macular degeneration, the leading cause of new cases of blindness, and another titled "Eye Safety Is No Accident," aimed at forestalling vision-impairing eye injuries.

Community Services

NSPB's two screening programs countrywide are the eye test for glaucoma—tonometry, and the vision test for youngsters. NSPB and state affiliate staffs serve primarily in the roles of initiator, trainer and advisor in these screening projects; and rely on the corps of some 30,000 volunteers to carry out the actual screenings.

Thanks to the momentum of the Glaucoma Alert Program, tonometry testing was done on some 103,000 individuals during the year. Of these, over 4,000 showed glaucoma symptoms and were referred for examination by an eye physician.

Trained vision screening teams tested almost 300,000 preschool-age children across the nation last year, and some 13,000 children failed the test, with parent notification that an eye exam was needed. Distribution of the Society's Home Eye Test strongly augments the organized team screenings, more than tripling the number of youngsters who get that important early vision test.

SAMPLE GLAUCOMA PROJECTS

□ Wisconsin affiliate received funding for several Non-Contact Tonometers, and turned banks, board rooms and waiting rooms, among other sites, into temporary tonometry clinics during the year, screening over 15,000 people.

□ New Jersey affiliate enlisted the cooperation of the state Hospital Association, and together they promoted glaucoma screening at the 90 hospitals in the state that are Association members.

A lazy eye doesn't do its part in the job of seeing. By age six, a lazy eye can have lost its ability to work... forever.



□ Colorado affiliate reached out to small towns and the high risk elderly, and increased the number of persons screened by 16 percent over the previous year.

□ New York City project, supported by foundation grants, continued to promote routine or periodic glaucoma screening and education in hospitals and company medical departments. Some 11,000 New Yorkers were screened at these sites last year.

□ Georgia affiliate recruited 60 ophthalmologists and 95 volunteers and technicians for glaucoma screening during a 7-day health fair in Atlanta. Tonometry tests were offered at 52 locations in the city; and 10,822 Atlantans were screened, with 645 referred for a medical eye examination.

TV EYE TEST

Evolving in just five years from a research project funded by NSPB at Stanford University, an armchair vision test for TV viewers is close to nationwide applicability.

The 12-minute test checks for visual acuity—sharpness of central vision,

Community Services

continued

10

and visual field — scope of side vision. Researchers ran it initially on patients at the Stanford Eye Clinic, where results could be immediately validated by professional eye exams. Clinical study revealed that 90% of individuals with visual defects were indeed detected by this method.

Last year the Society brought the test to the public. In February, it was broadcast to a limited audience in Ohio via cable TV station QUBE. Again, to validate the findings, Ohio State University Hospital's Eye Clinic provided free follow-up medical examinations to those failing the test.

This airing was followed by trials in three states: stations KTVS in Colorado, WNCT-TV in North Carolina, and KCEN-TV in Texas. Each pilot demonstration provided methods to handle and evaluate viewer response. Eye care professionals in each locale were alerted to the broadcast and requested to report to NSPB on appointments made or inquiries resulting from the TV vision test.

The trial airings have proved most encouraging, and the Society is convinced TV vision screening can work! The test is now being refined into a half-hour public service program for release to TV stations nationwide.

EYE SAFETY IN THE CURRICULUM

Eye protection programs in safety-conscious industries pointed the way, and the accumulation of eye-injury reports due to classroom accidents pointed up the need: A convincing and authoritative program to orient students and educators to sound eye safety practices should be developed.



Safety eyewear
could prevent
9 out of 10
blinding
eye accidents!

Answering the most immediate need, NSPB produced several years ago a multi-media package, "An Option to See," directed to junior and senior high school students in industrial arts and science laboratory classes. The program shows and tells why and what situation-specific safety eyewear should be worn.

This program has been enthusiastically received, and continues to be much in demand. During the past year, a number of states, most notably

Connecticut, Mississippi, and New Jersey, spurred by NSPB affiliates in those states, have obtained funding and distribution sources to see "An Option to See" put into schools statewide.

As an offshoot of this program, six states so far have developed, with the guidance of NSPB affiliates in those states, official state education department manuals on the specifics of the right type of safety eyewear for the particular situation, e.g., woodworking, welding.

The Society has extended this practical orientation to eye safety in schools by providing two introductory-level



teaching packages. The first was directed to the lower primary grades, "The Eyes Have It," which used a marionette film to get across simple messages about eye care and eye safety.

This year the Society added "The Magic of Sight" for fifth and sixth graders, with funding aid from the American Legion Child Welfare Foundation. Just on the market, over 150 schools have already ordered the package.

JUMPING SAFELY

Many motorists do not know how to jump a dead car battery properly or safely, but they try anyway. Exploding batteries are common, and flying metal fragments and battery acid can cause devastating damage to the eyes. Nearly two-thirds of injuries resulting from battery explosions involve the eyes.

Several years ago NSPB developed a how-to sticker, instructing motorists step-by-step in jump-starting a battery safely. Made of adhesive yellow vinyl, the sticker can be affixed under the hood for reference when needed.

The sticker has been promoted extensively during the year on radio consumer programs, in consumer sections of large-circulation national magazines such as *Family Circle* and newspapers such as the *Washington Post* and the *Chicago Tribune*, as well as countless smaller publications. Numerous organizations and businesses are distributing the sticker; for example, in Tennessee, they are distributed with driver-education course materials, and in Texas they are given out at Texaco stations.

IMPORTANT: HOW TO JUMP-START A CAR SAFELY

Before Attaching Cables:

- ☐ Put out all cigarettes and flames!
- ☐ Make sure cars don't touch. Set both cars' parking brakes and automatic shifts to PARK (manual transmissions to NEUTRAL). Turn Ignition OFF.
- ☐ Add battery water, if needed. REPLACE CAPS, cover with damp cloth. Don't jump-start if fluid is frozen!
- ☐ Do not jump-start unless both batteries are negatively grounded and the same voltage. American cars are either 12-volt or 6-volt. Check owner's manual.

WEAR
GOOGLES

Attaching the Cables (Do in order listed:)

- ☐ Clamp one jumper cable to positive (+) pole of dead battery. Then clamp cable's other end to positive (+) pole of good battery.
- ☐ At good battery, clamp second cable to negative (-) pole. Then clamp cable's other end to dead car's engine block on side away from battery.
- ☐ Start car with good battery — then start the disabled car.
- ☐ Remove cable from engine block and other car's negative pole. Then remove cable from positive poles.



NATIONAL SOCIETY TO PREVENT BLINDNESS 79 Madison Avenue, New York, NY 10016
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WISE OWL CLUB: 85,239 EYES SAVED

This year the Wise Owl Club of America is 32 years old, the nation's authoritative safety incentive program on eye protection on the job and in schools. Club members now number 68,191 individuals whose safety glasses, face shields or goggles saved their sight, in the face of what would otherwise have

been a blinding accident. The total of eyes saved since the club's inception is 85,239.

During the past year 2,090 new members were enrolled. Besides the tragedy averted in human terms, these people represent a savings of approximately \$10,452,000 in compensation costs alone.

FACTS & FIGURES, REFERRALS & COUNSEL

The Society's Information and Referral Service answers every request for information or help regarding eye care, eye diseases and disorders, and eye safety. During the year the Service responded to some 5,000 letters, over 6,000 phone calls, and to about 150 in-person inquiries.



Professional Education

12

Health information providers and health care practitioners put 'Prevent Blindness' into action, and it is a major concern of NSPB to provide them with resource materials, up-to-date diagnostic and treatment guidelines, educational conferences, seminars and workshops.

To bring the Glaucoma Alert Program to the American public, NSPB invited lay leadership as well as medical and health professionals to the Society's first National Conference on Glaucoma Detection and Treatment, held January 9-11 at Innisbrook, Florida. The object of the Conference was to extend and reinforce the offensive against glaucoma—to vastly increase the numbers of professionals able to check their patients or clients for glaucoma, and to greatly multiply the places and times that glaucoma detection and education services are offered.

A most promising outcome of the Conference was the enthusiasm of the representatives of the American Academy of Family Physicians toward including in-depth instruction in glaucoma diagnosis for family physicians in training. This would provide the opportunity for early detection of glaucoma for all those persons who rely on the family physician for most of their medical care and advice.

NSPB thanks Merck, Sharp & Dohme for their substantial contribution of funding for the Conference, and notes with gratitude also the financial assistance of American Optical, Lederle Laboratories, Alcon and Allergan.

The Society again co-sponsored a glaucoma symposium held at the annual meeting of the American Academy of Ophthalmology, this year in November, in San Francisco. The symposium, attended by some 2,000 of the nation's ophthalmologists featured panel presentations on the subjects of neovascular glaucoma and management of glaucoma in aphakic and pseudophakic eyes. The chairman and moderator was Allan S. Kolker, M.D., St. Louis. Dr. Kolker is

☐ Texas affiliate, in cooperation with the state ophthalmological association, produced a film on Schiøtz tonometry, to encourage the check for glaucoma in office practices and clinics during routine examination of adult patients.

☐ New York City project, run by NSPB, funded the second seminar on "Glaucoma Screening in Primary Care Settings," attended by 60 health care professionals in the city, representing 25 hospitals and 20 occupational health departments.

Medical advances become achievements only when they are put to work in meeting the health needs of the community.

a member of NSPB's Committee on Glaucoma.

Other activities centered on glaucoma awareness for professionals included:

☐ Training session, conducted by ophthalmologists and sponsored by NSPB, on diagnosis of common eye problems and the technique of tonometry as a screening test for glaucoma, conducted at the annual convention of the American Academy of Family Physicians.

☐ Georgia affiliate produced a training film on tonometry, and audiences during the year have included staffs of general-practice clinics, public health departments and nursing home professionals.

☐ Mississippi, North Carolina, Rhode Island and Virginia affiliates sponsored training workshops in tonometry, adding hundreds of nurses, physicians, physicians' assistants and medical technicians to the list of health care professionals in those states routinely checking patients for glaucoma.

☐ NSPB's Glaucoma Alert exhibit for professional audiences was shown at the national AFL-CIO conference for that union's community service counselors, the members responsible for that union's health programs. Glaucoma screening was offered at the conference.

Professional education efforts regarding other areas of the Society's work included:

Research

13

□ Industrial health and safety professionals were referred to NSPB for guidelines on vision screening in industry, through a special report on "Safeguarding Sight" in the U.S. Department of Labor's publication *Job Safety and Health*.

□ NSPB's Home Eye Test exhibit was shown at the annual convention of the American Public Health Association, attended by 12,000.

□ NSPB's exhibit on "Children's Eye Health and Safety" was shown at the American School Health Association's annual convention, attended by 10,000 school health physicians, nurses and teachers.

□ NSPB affiliates in Colorado, Connecticut, Utah, Washington and Wisconsin have produced school eye safety manuals, for teachers and administrators, in cooperation with their state departments of education. Manuals are in progress in New Jersey and Virginia.

□ A new exhibit on "Eye Injuries in Sports" was shown at the annual meeting of the American Academy of Ophthalmology.

□ The Home Eye Test is now part of the West Virginia Department of Welfare's training program for paraprofessionals statewide.

The quarterly journal, *The Sightsaving Review*, published by NSPB, brings health professionals current information on eye diseases, eye care and eye safety. During the year there were over 4,000 reprint requests for "Plain Talk on Diabetic Retinopathy," and some 2,000 requests for reprints of "The Ideal Workup in the Ophthalmologist's Office." These were both carried in the *Review*.

Scientific research supported by NSPB is primarily directed to innovative projects, and support is given to attract promising young investigators into eye research careers.

The Society funds laboratory and clinical research projects related to prevention of blindness.

Basic and clinical research projects funded by NSPB during the year include:

"Studies on Fixation in Amblyopia," investigator, Emilio C. Campos, M.D., Department of Ophthalmology, Louisiana State University Medical Center, New Orleans. By studying numbers of amblyopic patients (those with lazy eye) and their patterns of fixation under varying conditions of light and stimulation, both before and during treatment, Dr. Campos hopes to develop tests which can predict patients' likely response to treatment.

"Studies of Photoreceptor Physiology," investigator, Ralph Zuckerman, Ph.D., Department of Ophthalmology, Tufts University-New England Medical Center, Boston. Dr. Zuckerman is undertaking basic studies of how the light-receiving cells in the retina respond to and conduct light, and interact, in the functioning visual system.

"Herpes Simplex Virus Ganglionic Latency: Prophylaxis and Treatment of the Acute Infection," investigator, Stuart Robert Winthrop, M.D., Department of Corneal Research, Eye Research Institute of the Retina Foundation, Massachusetts Eye and Ear Infirmary, Boston. Herpes Simplex virus can cause serious and difficult to eradicate eye disease. Dr. Winthrop will try to find a systemic drug which will be virus-specific, causing no harmful side effects.

"Ionic and Metabolic Regulation of Photoreceptor Excitability," investigator, Jeffrey Schmidt, Ph.D. Department of Biology, University of California, San Diego, La Jolla. Cyclic nucleotides, components of nucleic acid, have an important role in regulating cell metabolism—and perhaps cell function as well. Dr. Schmidt will study this action in the light-receiving cells in the retina.

"Visual Adaption in Infants and Young Children," investigator, Ronald M. Hansen, Ph.D., Department of Ophthalmology, The Children's Hospital Medical Center, Boston. The "recovery" of visual ability after going from bright into dim light—adaption, has been

Research

continued

well documented in adults but not investigated in children. Dr. Hansen will study adaption in children, changes that occur with age, and whether his data can point to means for early discovery of disease of the retina.



◀ **"Feasibility Study for a Non-Invasive Glucose Sensor,"** investigator, **Wayne F. March, M.D., Department of Research Development, McGee Eye Institute, Oklahoma City.** There are already implantable insulin pumps for the treatment of diabetes. However there is currently no way to monitor the exact blood sugar from moment to moment, which could allow precise triggering of insulin release. Dr. March and colleagues are trying to develop a glucose sensor, in the form of a contact lens, which could provide a continuous monitor of glucose in the fluid in the front portion of the eye — the aqueous, as an indicator of blood sugar level.

"The Effect of Intravitreal Dexamthasome Alcohol at Various Time Intervals Following the Experimental Production of Intraocular Proliferation in Rabbits," investigator, **Brooks W. McCuen, M.D., Department of Ophthalmology, Duke University Eye Center, Durham.** Abnormal overgrowth of fiber-like material in the fluid in the rear portion of the eye — the vitreous, is chiefly responsible for the retina damage that results in unsuccessful repair of retina detachment. Dr. McCuen will test in rabbits (in which fiber proliferation has been induced) a drug which appears able to reduce this growth; if effective, he will also test for possible harmful side effects, in the hope of its application for treating human eyes.



"Electrophysical Studies on the Frog Cornea Using Fluorescent Dyes," investigator, **Carl N. Graves, Ph.D., Department of Physiology and Biophysics, University of Alabama in Birmingham.** Dr. Graves is studying the layered and mounted corneas of frogs, with several environmental changes introduced which can be traced with a fluorescent dye, with the aim of adding to the knowledge of how corneal transparency is maintained.

"A Prospective Clinical Evaluation of the Ocular Status of a Colony of Diabetic Macaca Nigra," investigator, **Donald R. May, M.D., Department of Ophthalmology, University of California, Davis, Sacramento.** Studying a colony of diabetic black apes, Dr. May and colleagues will follow the eye changes that take place due to diabetes over a projected period of 20 or more years; they will note other eye changes due to aging, as well. Such a natural history may provide help in preventing or treating certain age-related changes, damaging to vision, in humans.

"Topical Prazosin in Rabbit Eyes: A Study of Effects on Intraocular Pressure, Mechanisms of Action, and Interaction with Other Ocular Hypotensive Agents," investigator, **Ivan Goldberg, M.D., Department of Ophthalmology, Washington University School of Medicine, St. Louis.** Prazosin is a systemic anti-hypertensive drug, and Dr. Goldberg will investigate its potential when applied directly to the eye, in rabbits, for lowering intraocular pressure. Glaucoma is caused by abnormally high intraocular pressure; and it is hoped this new drug will offer possibilities for glaucoma treatment.

◀ **"Spatial Contrast Sensitivity in Macular Disorder,"** investigator, **Sunanda Mitra, Ph.D., Department of Ophthalmology and Visual Sciences, Texas Tech University Health Sciences Center, Lubbock.** Visual acuity testing may fail to detect disorder even though macular (the area of the retina responsible for sharp central vision) disorder is present. Dr. Mitra will measure macular function in the hope of developing tests which may indicate developing macular disorder; and will try to find ways of stopping further vision loss.

"Effect of Arachidonic Acid on the Pigment Epithelium," investigator, **Brenda J. Tripathi, Ph.D., Department of ophthalmology, University of Chicago.** Studying a laboratory-bred line of cells, Dr. Tripathi will evaluate her hypothesis that these models of retina pigment cells are severely affected by elevated levels of arachidonic acid. She believes there is a link between some diseases of the retina, such as those involving pigmentary degeneration, and high levels of arachidonic acid, an unsaturated fatty acid, in the blood.

"Effect of Selective Tenotomy on Blood Flow to the Anterior Segment of the Eye," investigator, **Ellen M. Keough, Ph.D., Department of Ophthalmology, New England Medical Center Hospital, Boston.** The eye muscles which are involved in movement of the eyeball are cut and their positioning corrected in the common surgical treatment of strabismus, or crossed eyes. Using radioactive tracers, Dr. Keough will study the normal blood flow from the rear to the front of the eye, and the effects on this flow of eye-muscle surgery.

"Surface Chemistry of Intraocular Lenses and the Relation to Postoperative Uveitis," investigator, **David W. Meltzer, Ph.D., M.D., Department of Ophthalmology, Washington University School of Medicine, St. Louis.** Traditionally, cataract surgery, which requires removal of the eye's lens, is followed by the use of special eyeglasses or contact lenses to provide refracting power. In recent years lenses have been developed which can be implanted within the eye; however certain patients have suffered inflammation following this procedure. Dr. Meltzer will analyze the implant materials for possible sources of inflammation.

"Biochemistry of Human Lens Aging and Senile Cataractogenesis," investigator, **Sixto Garcia-Castineiras, Ph.D., M.D., Department of Ophthalmology, University of Puerto Rico School of Medicine, San Juan.** Dr. Castineiras will study the changes in the color and fluorescence of the eye's lens related to the changes that accompany the normal aging of the lens and the development of senile cataracts.

"Human Trabecular Cell Culture," investigator, **Anthony Hajek, Ph.D., Department of Ophthalmology, Washington University School of Medicine, St. Louis.** The trabecular meshwork is a portion of the eye through which the aqueous fluid passes in its normal drainage from the eye. This drainage is impaired in people with glaucoma. Dr. Hajek will develop a laboratory-bred line of human trabecular cells, looking for possible cell or molecule abnormalities which can be linked to glaucoma.

"Pupillary Changes in Glaucoma," investigator, **Peter Herman, M.D., Department of Ophthalmology, Mount Sinai Medical Center, New York.** Patients with primary open-angle glaucoma, the most common form of the disease, have a notable pupil-position defect. Dr. Herman will trace these pupil changes photographically, and try to find pupil indications which may point to glaucoma before other visual defects are evident.

"Prostacyclin in the Treatment of Diabetes Mellitus," investigator, **Henry J. Kaplan, M.D., Department of Ophthalmology, Emory University, Atlanta.** Dr. Kaplan will investigate a drug used to prevent the abnormal clotting of blood vessels which occurs in diabetes, and study its possible usefulness in treating diabetic retinopathy, a disease of the eye's blood vessels, linked to diabetes and a major cause of blindness in the nation.

"Contrast Sensitivity in Strabismic Cats," investigator, **Paul B. Schechter, Ph.D., Department of Anatomy, University of Wisconsin, Madison.** Cats with strabismus, or crossed eyes, will be studied for various aspects of their visual system function, as a way of better understanding the problems of strabismus in humans.

"Phagocytosis—Associated Oxidative Metabolic Reactions in the Retinal Pigment Epithelium," investigator, **Graig E. Eldred, Ph.D., Department of Ophthalmology, University of Missouri School of Medicine, Columbia.** Dr. Eldred will investigate why the retina's pigment-cell surfaces fill up with fatty pigment with age. This process is a factor in senile macular degeneration, a leading cause of blindness.



Combined Balance Sheet

MARCH 31, 1980

with comparative figures for 1979

16

ASSETS

	1980	1979
Cash (includes savings— 1980, \$227,230; 1979, \$252,555)	\$ 460,701	\$ 470,583
Short-term investments, at cost (approximates market)	3,593,413	2,177,254
Investments in long-term bonds and stocks (market value— 1980, \$1,165,735; 1979, \$1,093,415)	1,309,656	1,101,976
Other assets	164,413	139,102
Land, building and equipment, net of accumulated depreciation (note 2)	744,479	740,913
	<u>\$6,272,662</u>	<u>\$4,629,828</u>

LIABILITIES AND FUND BALANCES

Note payable to bank	75,000	—
Accounts payable and accrued expenses	117,953	94,937
Accrued vacation and severance pay	135,259	110,552
Total liabilities	<u>328,212</u>	<u>205,489</u>
Fund balances:		
Current funds:		
Unrestricted:		
Designated by the Board of Directors for:		
Special purposes	999,866	502,183
Funds functioning as endowment	11,055	4,764
Undesignated, available for general activities	2,386,630	1,525,992
Total current unrestricted fund balances	3,397,551	2,032,939
Restricted	510,027	408,094
Endowment funds	1,292,393	1,242,393
Investment in land, building and equipment	744,479	740,913
Total fund balances	<u>5,944,450</u>	<u>4,424,339</u>
	<u>\$6,272,662</u>	<u>\$4,629,828</u>

See accompanying notes to combined financial statements.

The Board of Directors

National Society to Prevent Blindness:

We have examined the combined balance sheet of National Society to Prevent Blindness and affiliates as of March 31, 1980 and the related combined statements of support, revenue, and expenses and changes in fund balances and of functional expenses for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We did not examine the financial statements of certain affiliates which statements reflect total assets constituting 38% and public support and revenue constituting 38% of the related combined totals. These statements were examined by other auditors whose reports thereon have been furnished to us and our opinion expressed herein, insofar as it relates to amounts included for these affiliates, is based solely upon the reports of the other auditors.

In our opinion, based upon our examination and the reports of other auditors, the aforementioned combined financial statements present fairly the financial position of National Society to Prevent Blindness and affiliates at March 31, 1980 and the results of their operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

June 26, 1980

PEAT, MARWICK, MITCHELL & CO.

Combined Statement of Support, Revenue, and Expenses and Changes in Fund Balances

YEAR ENDED MARCH 31, 1980
with comparative totals for 1979

17

	Current Funds		Endowment funds	Land, building and equip- ment fund	Total All Funds	
	Unrestricted	Restricted			1980	1979
Public support and revenue:						
Public support:						
Received directly:						
Contributions	\$2,365,104	368,044	50,000	—	2,783,148	2,620,482
Legacies	1,816,745	78,296	—	—	1,895,041	1,392,840
Special events (net of direct costs of \$132,431 in 1980 and \$72,850 in 1979)	587,291	—	—	—	587,291	415,632
Received indirectly— combined service campaigns	342,651	—	—	—	342,651	370,668
Total public support	5,111,791	446,340	50,000	—	5,608,131	4,799,622
Fees and grants from governmental agencies	—	117,446	—	—	117,446	238,675
Other revenue:						
Income from trusts held by others	126,868	—	—	—	126,868	144,840
Investment income	393,595	2,559	—	—	396,154	217,382
Program service related revenue	138,135	8,020	—	—	146,155	66,629
Total other revenue	658,598	10,579	—	—	669,177	428,851
Total public support and revenue	5,770,389	574,365	50,000	—	6,394,754	5,467,148
Expenses:						
Program services:						
Research	242,051	10,362	—	50	252,463	147,114
Public health education	1,290,024	136,039	—	16,865	1,442,928	1,065,609
Professional education and training	857,014	23,874	—	6,631	887,519	709,057
Community services	686,887	253,661	—	24,803	965,351	1,029,484
Total program services	3,075,976	423,936	—	48,349	3,548,261	2,951,264
Supporting services:						
General and administrative	247,265	8,175	—	7,376	262,816	192,975
Fund raising	1,045,088	13,056	—	5,422	1,063,566	947,323
Total supporting services	1,292,353	21,231	—	12,798	1,326,382	1,140,298
Total expenses	4,368,329	445,167	—	61,147	4,874,643	4,091,562
Excess (deficiency) of public support and revenue over expenses	1,402,060	129,198	50,000	(61,147)		
Other changes in fund balances— property and equipment acquisitions from from current funds	(37,448)	(27,265)	—	64,713		
Fund balances at beginning of year	2,032,939	408,094	1,242,393	740,913		
Fund balances at end of year	\$3,397,551	510,027	1,292,393	744,479		

See accompanying notes to combined financial statements.

Combined Statement of Functional Expenses

YEAR ENDED MARCH 31, 1980
with comparative totals for 1979

Line	Program services				Total
	Research	Public health education	Professional education and training	Community services	
1 Salaries	\$ 95,911	544,263	546,350	563,420	1,749,944
2 Employee benefits	6,701	34,691	39,516	31,494	112,402
3 Payroll taxes	8,046	38,692	39,531	44,287	130,556
4 Total salaries and related expenses	110,658	617,646	625,397	639,201	1,992,902
5 Awards and grants	85,362	7,937	500	2,372	96,171
6 Building occupancy	10,958	70,983	48,449	51,565	181,955
7 Telephone and telegraph	3,691	67,355	14,200	20,503	105,749
8 Office supplies	5,751	23,986	19,371	37,143	86,251
9 Office equipment maintenance	—	11,402	2,829	10,398	24,629
10 Printing and publications	26,888	308,779	23,055	35,807	394,529
11 Postage and shipping	1,687	129,047	12,834	29,882	173,450
12 Visual aids, films, etc.	—	89,151	3,365	4,792	97,308
13 Travel and meetings	7,298	39,034	114,044	56,294	216,670
14 Professional fees	—	29,796	4,024	19,746	53,566
15 Purchase of mailing lists	—	23,244	1,171	4,855	29,270
16 Insurance	—	4,599	1,506	24,708	30,813
17 Other	120	3,104	10,143	3,282	16,649
18 Total expenses before depreciation	252,413	1,426,063	880,888	940,548	3,499,912
19 Depreciation of building and equipment	50	16,865	6,631	24,803	48,349
20 Total expenses	\$252,463	1,442,928	887,519	965,351	3,548,261

See accompanying notes to combined financial statements.

Notes to Combined Financial Statements

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Society and affiliates are not-for-profit organizations exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and have been designated as organizations which are not private foundations.

The combined financial statements include the National Society to Prevent Blindness (previously named The National Society For The Prevention of Blindness, Inc.) and its 25 affiliates. All material transactions and balances between the National Society and its affiliates have been eliminated.

The accompanying combined financial statements have been prepared in conformity with the industry audit guide entitled *Audits of Voluntary Health and Welfare Organizations* published by the American Institute of Certified Public Accountants. The significant accounting policies followed by the Society, and its affiliates, which are set forth in the audit guide, are described below.

Accrual Basis

The combined financial statements have been prepared on the accrual basis of accounting, and accordingly reflect all significant receivables and payables, other liabilities and prepaid expenses.

Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of available resources, the accounts are maintained in accordance with the principles of "fund accounting." This is the procedure by which resources for various purposes are classified, for accounting and reporting purposes, into funds that are unrestricted or restricted. Externally restricted funds may only be utilized in accordance with the purposes established by the source of such funds and are in contrast with unrestricted funds, which include designated and undesignated funds and amounts invested in land, building and equipment, over which the Board of Directors retains full control to use in achieving any of the Society's purposes.

Endowment funds are subject to the restrictions of gift instruments requiring in perpetuity that the principal be invested and that the income only be utilized.

All gains and losses arising from the sale, collection, or other disposition of investments and other noncash assets are accounted for in the fund which owned such assets. Ordinary income derived from investments, receivables, and the like, is accounted for in the fund owning such assets, except for income derived from investments of endowment funds, which income is accounted for in the fund to which it is restricted or, if unrestricted, as revenue in the current unrestricted fund.

Line	Supporting services				
	General and admin- istrative	Fund raising	Total	Total	
				1980	1979
1	135,453	288,062	423,515	2,173,459	1,900,453
2	6,581	11,698	18,279	130,681	124,059
3	9,276	18,453	27,729	158,285	131,373
4	151,310	318,213	469,523	2,462,425	2,155,885
5	88	13	101	96,272	78,850
6	13,673	23,340	37,013	218,968	199,994
7	6,039	7,412	13,451	119,200	82,031
8	8,715	25,540	34,255	120,506	102,504
9	11,307	2,897	14,204	38,833	32,236
10	5,434	339,611	345,045	739,574	480,269
11	13,013	238,473	251,486	424,936	375,242
12	112	98	210	97,518	152,829
13	5,000	18,554	23,554	240,224	185,861
14	20,783	6,257	27,040	80,606	60,004
15	8	70,917	70,925	100,195	75,601
16	11,086	3,505	14,591	45,404	36,511
17	8,872	3,314	12,186	28,835	23,834
18	255,440	1,058,144	1,313,584	4,813,496	4,041,651
19	7,376	5,422	12,798	61,147	49,911
20	262,816	1,063,566	1,326,382	4,874,643	4,091,562

All other unrestricted revenue is accounted for in the current unrestricted fund. Restricted gifts, grants and endowment income are accounted for in the appropriate restricted funds.

Investments

Investments are recorded at cost or fair value at date of receipt in the case of gifts or legacies, or adjusted value where investments have been subsequently written down for a market decline assessed to be other than temporary.

Legacies and Trusts

The Society and its affiliates are the beneficiaries under various wills, the total realizable amount of which is not presently determinable. Such amounts are recorded when clear title is established and the proceeds are clearly measurable.

The Society and its affiliates are the income beneficiaries under various trusts, the principals of which are not controlled by the Society, and accordingly are not reflected in the accompanying combined financial statements. Distributions from these trusts are recorded as unrestricted revenue when received.

Other significant accounting policies are set forth in the financial statements and the following notes.

(2) LAND, BUILDING AND EQUIPMENT AND DEPRECIATION

Land, building and equipment are recorded at cost or fair value at date of receipt in the case of gifts or legacies. Depreciation of building and equipment is provided on a straight-line basis over the estimated useful lives of the assets. At March 31, 1980 and 1979, the recorded values of such assets were as follows:

	1980	1979
Land	\$115,402	\$100,500
Building	476,454	487,601
Equipment	393,689	394,768
	985,545	982,869
Less accumulated depreciation	241,066	241,956
	<u>\$744,479</u>	<u>\$740,913</u>

(3) PENSION PLANS

The Society has contributory annuity pension plans covering all employees including employees of its affiliates who meet the minimum age requirement. Total pension expense under the plans aggregated \$54,000 and \$52,000 for the years ended March 31, 1980 and 1979, respectively. There are no unfunded prior service costs.

(4) LEASE COMMITMENTS

The Society and its affiliates occupy certain operating facilities under various lease arrangements. Total occupancy expense under such arrangements was \$218,968 for 1980.

A summary of noncancellable long-term lease commitments follows:

Year ending March 31	Amount
1981	\$111,791
1982	94,296
1983	79,785
1984	69,367
1985	66,367
1986-1987	<u>128,067</u>

All leases expire prior to 1987. Real estate taxes, electricity, water and maintenance expenses are obligations of the Society. It is expected that in the normal course of business, leases that expire will be renewed or replaced by leases on other properties; thus, it is anticipated that future minimum lease commitments will not be less than the amounts shown for 1981.

(5) ENDOWMENT LEGACY

The National Society is the beneficiary of a one-eighth share of the residuary value of a substantial estate, the principal of which is presently controlled by the Trustee. This principal, as received, is recorded as an endowment fund in accordance with the terms of the legacy, the income of which is unrestricted. Through March 31, 1979, the Society received \$687,500 representing partial distributions of share of the residuary estate. Although further distributions were not received in 1980, it is estimated that approximately \$100,000 of additional distributions will be received under this legacy.

National Society to Prevent Blindness

20

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The National Society is supported entirely by contributions, memorial gifts, bequests and legacies.

We gratefully acknowledge this support which makes the programs described in the Report possible.

Besides the thousands of individuals who donate so generously, the Society is supported by foundations, corporations, and other organizations which include:

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Bequests of all sizes have helped to make possible the sight-saving activities of the Society since its establishment in 1908.

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The Society's record of careful management insures the enduring usefulness of funds entrusted to its care. You can assure the Society of continued financial support by using the following bequest form:

I give and bequeath to the National Society to Prevent Blindness, a corporation organized under the laws of the State of New York, the sum of \$. for its corporate purposes.

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National Society to Prevent Blindness
79 Madison Avenue, New York, NY 10016



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